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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DO

1. Corporation	GAN CAPITAL, INC.	J00220					
Principal Place	e of Business	Mailing Address				(818) 18114 HEI	1313 9111 1881
3415 W CYPRES	SS ST	9415 W CYPRESS ST					
SUITE 112 -GUITE 112					DO NOT WOITE IN THIS	CDACE	
TAMPA FL 33607 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		- 00			12/06/1994		
A Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
2. FINOIPAI F	ace of Business	26			59-3282867	 	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75 A	dditional
22		27 P.O. BOX	15	9	5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & Ctato			6. Election Campaign Financing	\$5.00	May Be
23	•	28 TARPON P	MN	55 FL	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip C F F	Count		8. This corporation owes the current year In		
24	25	29 34688 31	<u> </u>	ISA	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		31 Name	10. Name and Address of New Registered	Agent	
D 16	NUM ZAVODNIV			Name			
R. JOHN ZAVODNY 3415 W CYPRESS ST				32 Street Addre	ss (P.O. Box Number is Not Acceptable)		1
TAMPA FL 33607				33			
FAIVI	FA (E 33007)		1	99			1
			1	34 City	Fl	85 Zip C	Code
	7.0	LOOP AGOO STORED OLD AGO	455-		oration submits this statement for the purpose o		registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Elonda. Such change was authors of, Section 607.0509, Florid	orized I a Statut	by the corporation es.	n's board of directors. I hereby accept the appo	intment as reg	gistered
SIGNATURE	Signature, typed or printed rhame of registered agent		gistered A	gent signature required			
12.	OFFICERS AND		13.	 -	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12 Addition
TITLE	PSDT	□ DELETE	1.1 TITL			☐ Change	L Addition
NAME	ENOBINI, SOLINI II		1.2 NAM				1
STREET ADDRESS	OTIO II OTI ILEGO OTILEI		1.3 STR	EET ADDRESS			}
CITY-ST-ZIP				/-\$T-ZIP <u>c</u>	·	Change	Addition
TITLE			2.1 TITL			☐ Cilarige	
NAME			2.2 NAW				
STREET ADORESS				EET ADDRESS	,		
C/TY-ST-ZIP				Y-ST-ZIP -		Change	Addition
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NAME **			3.2 NAM	1			
STREET ADDRESS	,			EET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.1 TTTL	Y-ST-ZIP		☐ Change	Addition
TITLE			4.1 IIIL	į.			_
NAME CERTET APOPECO				EET ADDRESS			
STREET ADDRESS		•		-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DÉLETE	5.1 TITL			Change	Addition
NAME			5.2 NAM		•		
			5.3 STR	EET ADDRESS			}
STREET ADDRESS			•	(-ST-ZIP			
CITY-ST-ZIP	 	☐ DELETE	6.1 TITL			☐ Change	Addition
NAME		_	6.2 NAM	Æ .			
STDEET AND DESS	l .		6.3 STR	EET ADDRESS			†

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my eignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address used all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR